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ABSTRACT

The Community Counseling Appraisal Survey was completed by 743 members of the American Association for Counseling and Development who identified their primary professional activity as counselor and who indicated their employment setting to be other than school or higher education. The purpose of the study was to: (1) provide a description of community counselors from various perspectives; (2) describe the frequency and nature of standardized instrument usage by practicing community counselors; (3) inform those responsible for shaping the profession via the development of standards and curricula; (4) highlight identity and role issues faced by the profession; and (5) inform practicing community counselors about the work of fellow professionals. Survey results are presented in tabular form in 16 data tables. (NB)

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The Counselor's Role in Community Mental Health

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Assessment Practices of Counselors in Community Settings

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Assessment Practices of Counselors in Community Settings

This study describes, from a variety of perspectives, practicing community counselors holding an affiliation with the American Association for Counseling and Development (AACD). Perspectives described include age, sex, years as direct service provider, work setting, age group or type of clinical practice focus, client problem focus, professional affiliations, certifications/licenses, and level of training. Secondly, particular focus was given to the usage of standardized appraisal instruments by the population(s) identified above. Data was gathered relative to the identification and frequency of instrument usage and to function or purpose of that usage i.e. assesses or diagnose, treatment planning, evaluate outcome or process of therapy. This "market place" survey was conducted to yield data to:

1. Provide a description of community counselors from perspectives stated above.

2. Describe the frequency and nature of standardized instrument usage by practicing community counselors.

3. Inform those whose responsibilities are to develop and shape the profession via the development of standards and curricula.

4. Highlight identity and role issues faced by the profession.

5. Inform practicing community counselors about the work of fellow professionals.

Data from this study and portions of this manuscript will be submitted for publication.

Method

Participants

The population surveyed in this study consisted of 1500 members of AACD who identified their primary professional activity as counselor and who indicated their employment setting to be other than school or higher education.

The 1500 identified practitioner counselors were sent an initial mailing with a follow-up mailing being sent to those who did not respond to the first inquiry. Total response to the questionnaire was 842 or 56%. Of these respondents, 743 (49.5%) were usable. Unusable responses were those in which respondents indicated their primary profession was no longer counseling. Valid responses included 546 masters level, 149 doctoral and 48 respondents not indicating a higher level degree.

Instrument

The Community Counseling Appraisal Survey (CCAS) consisted of two major components: demographic data and professional appraisal practice. Respondents were asked to indicate their age, sex, practicing counselor status, and their counselor role as being in a non-school setting. Those answering in the affirmative were asked to indicate years of direct service provision. Further, inquiry was made from established listings for indication, or in some instances rank order, of the setting of their primary employment, specific populations, focus of their clinical practice, the nature of client problems, the AACD professional affiliations, certifications and/or licenses, and the level and major fields of studies. The second portion of the survey requested information about the counselors use of standardized appraisal instruments. Respondents were asked to list up to five appraisal instruments they used, and to indicate usage of the instrument, i.e. administer, assessment/diagnosis, treatment, outcome/process evaluation, and the number of clients per year for which the instrument was used. In addition the survey requested information concerning the "requiredness" of the instruments usage, the percentage of clients given instruments and the extent to which the respondent thought standardized testing to be important. The following tables depict the results of this study.

TABLE 1

Valid Responses to CCAS by AACD Region and States

Region	Responses	% Total	Region	Responses	% Total
NORTH ATLANTIC			SOUTHERN		
Connecticut	17	2.3	Alabama	13	1.7
Delaware	7	.9	Arkansas	2	.3
Maine	6	.8	Florida	33	4.4
Massachusetts	13	1.7	Georgia	14	1.9
New Hampshire	5	.7	Kentucky	1	.1
New Jersey	20	2.7	Louisiana	8	1.1
New York	28	3.8	Maryland	15	2.0
Pennsylvania	55	7.4	Mississippi	2	.3
Rhode Island	3	.4	North Carolina	14	1.9
Vermont	10	1.3	South Carolina	5	.7
Washington D.C.	11	1.5	Texas	41	5.5
	175	23.5	Tennessee	6	.8
			Virginia	14	1.9
			West Virginia	4	.5
				172	23.1
MIDWESTERN			WESTERN		
Illinois	27	3.6	Alaska	4	.5
Indiana	13	1.7	Arizona	20	2.7
Iowa	6	.8	California	103	13.9
Kansas	4	.5	Colorado	16	2.2
Michigan	12	1.7	Hawaii	2	.3
Minnesota	13	1.7	Idaho	2	.3
Missouri	16	2.2	Montana	7	.9
Nebraska	5	.7	Nevada	9	1.2
North Dakota	1	.1	New Mexico	9	1.2
Ohio	42	5.7	Oregon	21	2.8
Oklahoma	4	.5	Utah	0	0
South Dakota	3	.4	Washington	32	4.3
Wisconsin	12	1.7	Wyoming	3	.4
	158	21.1		228	30.7
OTHER					
APO	5	.7			
Canada	5	.7			
	10	1.4			

n = 743

TABLE 2

AGE OF CCAS RESPONDENTS

Age	Frequency	Valid %	Cumulative %
21 - 30	68	9.2	9.3
31 - 40	315	42.5	51.8
41 - 50	207	27.9	79.6
51 - 60	120	16.2	95.8
61+	31	4.2	100.0
Missing	2		
TOTAL:	743	100.0	

TABLE 3

SEX OF RESPONDENTS

	Frequency	Per Cent
Male	275	37.0
Female	458	61.6
Missing	10	1.4
TOTAL:	743	100.0

TABLE 4

RESPONDENTS' YEARS AS DIRECT SERVICE PROVIDER

Years	Frequency	Per Cent	Cumulative %
1 - 3	189	27.6	27.6
4 - 6	178	26,0	53.6
7 - 9	120	17.5	71.1
10-12	97	14.2	85.3
13-15	57	8.3	93.6
16+	44	6.4	100.0
Missing	58		
TOTAL:	743	100.0	

TABLE 5

PRIMARY EMPLOYMENT SETTING

Setting	Frequency	Per Cent
Private Practice	421	58.2
Mental Health Hospital (state or private)	14	1.9
Community Mental Health Center	80	11.1
Employment Service (state or federal)	7	1.1
Probation Parole Program	4	.6
Corrections Facility	14	1.9
Business/Industry (trainer, consultant)	13	1.8
Military Installation	17	2.4
Medical Hospital	13	1.8
Rehabilitation Program/Agency	32	4.4
Government Agency (not otherwise identified)	11	1.6
Community Agency (not otherwise identified)	56	7.7
Other	40	5.5
Missing	21	
TOTAL:	743	100.0

TABLE 6

RANK ORDER OF CLIENT PROBLEM INCIDENCE
IN PRACTICE

Number One Problem				Number 1, 2, or 3 Problem			
		Frequency	%			Frequency	%
1.	Marital/Family	184	25.7	1.	Marital/Family	438	20.9
2.	Depression	162	22.5	2.	Depression	418	20.1
3.	Substance Abuse	81	11.3	3.	Personal Growth	295	14.2
4.	Behavior Problem (Anxiety, Anorexia)	57	7.9	4.	Behavior Problems	278	13.3
5.	Personal Growth	53	7.3	5.	Substance Abuse	176	8.4
6.	Other	53	7.3	6.	Other	101	4.8
7.	Vocational Rehab	34	4.7	7.	Career Exploration	94	4.5
8.	Career Exploration	27	3.7	8.	Career Change	71	3.4
9.	Academic	26	3.6	9.	Chronic Mental Illness	61	2.7
10.	Chronic Mental Illness	18	2.5	10.	Academic	61	2.7
11.	Career Change	11	1.5	11.	Vocational Rehabilitation	52	2.5
12.	Health Related Pre-After Care	10	1.4	12.	Health Related Pre-After Care	26	1.3
13.	Religious Issues	4	.6	13.	Religious Issues	25	1.2
		720	100			2,096	100

TABLE 7

AACD DIVISIONAL MEMBERSHIP OF RESPONDENTS

Divisions	Frequency	Per Cent
American College Personnel Association (ACPA)	17	2.3
Association for Counselor Education & Supervision (ACES)	26	3.5
National Career Development Association (NCDA)	37	4.9
Association for Humanistic Education & Development (AHEAD)	50	6.7
American School Counselor Association (ASCA)	14	1.9
American Rehabilitation Counseling Association (ARCA)	59	7.9
National Employment Counselors Association (NECA)	16	2.1
Association for Multi-Cultural Counseling & Development (AMCD)	15	2.0
Association for Religious & Value Issues in Counseling (ARVIC)	65	8.7
Association for Specialists in Group Work (ASGW)	65	8.7
Public Offender Counselors Association (POCA)	27	3.6
American Mental Health Counselors Association (AMHCA)	340	45.4
Military Educators & Counselors Association (MECA)	18	2.3
TOTAL:	749	100

TABLE 8

CERTIFICATIONS AND LICENSES HELD BY RESPONDENTS

Certifications/Licenses	Frequency	%
National Certified Counselor	166	21.1
Certified Rehab Counselor	39	4.9
Certified Mental Health Counselor	44	5.6
Certified Alcoholism Counselor	44	5.6
Licensed Counselor	153	19.4
Licensed Psychologist	57	7.2
Licensed Social Worker	28	3.5
Certified Vocational Evaluator	6	.8
Psychological Examiner	14	1.8
AAMFT Clinical/Supervisory Member	61	7.7
APA Diplomate/Fellow	3	.4
ACSW, ASW Certified Social Worker	12	1.5
Other	161	20.5
TOTAL:	788	100.0

TABLE 9

MOST FREQUENTLY UTILIZED ASSESSMENT INSTRUMENTS

		Frequency	% of time test was listed
1.	Minnesota Multiphasic Personality Inventory (MMPI)	227	58.8
2.	Strong-Campbell Interest Inventory (SCII)	92	23.8
3.	Wechsler Adult Intelligence Scale Revised (WAIS-R)	84	21.8
4.	Myers-Briggs Type Indicator (MBTI)	77	19.9
5.	Wechsler Intelligence Scale for Children Revised (WISC-R)	50	13.0
6.	Sixteen Personality Factor (16 PF)	34	8.8
	Thematic Apperception Test (TAT)	34	8.8
7.	Bender-Gestalt Test	33	8.5
8.	Wide Range Achievement Test (WRAT)	27	7.0
9.	Million Clinical Multiaxial Inventory (MCMI)	25	6.5
	Rorschach	25	6.5
10.	Taylor-Johnson Temperament Analysis	24	6.2
11.	Career Assessment Inventory (CAI)	20	5.2
12.	General Aptitude Test Battery (GATB)	16	4.1
	California Psychological Inventory (CPI)	16	4.1
13.	Self-Directed Search (SDS)	14	3.6
14.	Fundamental Interpersonal Relations Orientation-Behavior (FIRO-B)	13	3.4
	House Tree Person (HTP)	13*	3.4

*Note: There were 386 of 743 respondents reporting test usage (52%). The respondents listed 176 different tests on their surveys. A total of 1,172 usages were reported i.e. instruments listed X the number of times listed.

TABLE 10

USAGE PATTERNS OF SELECTED TESTS BY MASTERS AND DOCTORAL LEVEL COUNSELORS

			PURPOSE			
Test & Degree	Number of reported users	%	Administer	Assessment/ Diagnose	Treatment Planning	Evaluation	Required
MMPI							
Masters	153	(67.7)	101 (61.2)	103 (63.2)	105 (66.8)	45 (66.2)	17 (54.8)
Doctoral	68	(30.1)	61 (36.9)	56 (34.4)	47 (29.9)	23 (33.8)	13 (41.9)
Total	226*		165	163	157	68	31
WAIS-R							
Masters	48	(57.1)	38 (54.2)	38 (52.8)	17 (48.6)	18 (64.3)	5 (62.5)
Doctoral	35	(41.7)	31 (44.3)	33 (45.8)	18 (51.4)	10 (35.7)	3 (37.5)
Total	84		70	72	35	28	8
SCII							
Masters	68	(73.9)	53 (67.9)	40 (72.7)	19 (67.8)	31 (73.8)	3 (60)
Doctoral	23	(25)	22 (28.2	17 (30.9)	9 (32.1)	11 (26.2)	2 (40)
Total	92		78	55	28	42	5
TAT							
Masters	22	(64.7)	19 (61.3)	17 (58.6)	17 (68)	14 (85.7)	1 (100)
Doctoral	12	(35.3)	11 (35.5)	12 (41.3)	8 (32)	12 (14.3)	0
Total	34		31	29	25	2	1
MBTI							
Masters	56	(72.7)	44 (68.7)	37 (67.2)	29 (67.4)	21 (70)	2 (40)
Doctoral	20	(25.9)	19 (29.6)	17 (30.9)	14 (32.5)	10 (30)	3 (60)
Total	77		64	55	43	30	5

*NOTE: Total does not always = Masters and Doctoral because there are some bachelors level or "level not indicated users".

TABLE 11

USAGE OF SELECTED INSTRUMENTS BY AACD REGION

Instrument		REGION North Atlantic 23.5% of Sample	Midwest 21.1 of Sample	Southern 23.1 of Sample	Western 30.7 of Sample	f
MMPI	f	31	55	62	77	225
	%	(13.8)	(24.4)	(27.6)	(34.2)	
WAIS-R	f	14	16	32	22	84
	%	(16.7)	(19)	(38.1)	(26.2)	
SCII	f	18	13	35	24	90
	%	(20)	(14.4)	(38.9)	(26.7)	
TAT	f	9	9	3	13	34
	%	(26.5)	(26.5)	(8.8)	(38.2)	
MBTI	f	17	13	19	28	77
	%	(22.1)	(16.9)	(24.7)	(36.4)	

TABLE 12

PERCEIVED IMPORTANCE OF STANDARDIZED TESTING BY EDUCATIONAL LEVEL

	Masters	Doctoral	Total
Important	197	62	259
	(48.2%)	(48.8%)	(48.3)
Unimportant	212	65	277
	(51.8%)	(51.2%)	(51.7)

TABLE 13

PERCEIVED IMPORTANCE OF STANDARDIZED TESTING BY YEARS OF DIRECT SERVICE

	1-3	4-6	7-9	10-12	13-15	16	Total
Important	65	65	44	45	22	17	258
	(45.1)	(47.4)	(51.2)	(52.3)	(46.8)	(48.6)	48.2
Unimportant	79	72	42	41	25	18	277
	(54.9)	(52.6)	(48.8)	(47.7)	(53.2)	(51.4)	51.8

TABLE 14

PERCEIVED IMPORTANCE OF STANDARDIZED TESTING BY AGE OF RESPONDENTS

	21-30	31-40	41-50	51-60	61+	Total
Important	38	127	65	33	8	272
	(69.1)	(52.3)	(44.5)	(37.9)	(30.8)	(48.7)
Unimportant	17	116	81	54	18	286
	(30.9)	(47.7)	(55.5)	(62.1)	(69.2)	(51.3)

TABLE 15

PERCEIVED IMPORTANCE OF STANDARDIZED TESTING BY SELECTED EMPLOYMENT SETTING

	Private Practice	Community MHC	Corrections/ Parole-Probation	Rehab Agency	Community Agency
Important	137	32	9	25	14
	(41.5)	(52.5)	(69.2)	(92.6)	(37.8)
Unimportant	193	29	4	2	23
	(58.5)	(47.5)	(30.8)	(7.4)	(62.2)

TABLE 16

PERCEIVED IMPORTANCE OF STANDARDIZED TESTING BY SELECTED CREDENTIALS

	NCC	Cert Rehab	CCMHC	CAC	Lic Couns.	Lic Psych	AAMFT	Lic SW	ASW ACSW
Important	65	22	16	21	55	32	25	8	2
	(47.8)	(26.7)	(45.7)	(67.7)	(45.8)	(61.5)	(48.1)	(38.1)	(22.2)
Unimportant	71	8	19	10	65	20	27	13	7
	(52.2)	(73.3)	(54.3)	(32.5)	(54.2)	(38.5)	(51.9)	(61.9)	(77.8)